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# NOTICE OF ALLOWANCE AND FEE(S) DUE

23983

**759**0

01/28/2005

MILLS LAW FIRM, PLLC P.O BOX 1245 Cary, NC 27512-1245

| EXAMINER  JONES, MELVIN |             |  |  |
|-------------------------|-------------|--|--|
|                         |             |  |  |
|                         | <del></del> |  |  |

DATE MAILED: 01/28/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/711,301      | 09/09/2004  | Tom Backman          | 6255-04-04          | 5300             |

TITLE OF INVENTION: DESICCANT ASSISTED DEHUMIDIFICATION SYSTEM FOR AQUEOUS BASED LIQUID REFRIGERANT FACILITIES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$0             | \$700            | 04/28/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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| INSTRUCTIONS: This for appropriate. All further corrindicated unless corrected be maintenance fee notification.                                              | espondence including<br>elow or directed othe                 | r transmitting the ISSU the Patent, advance or erwise in Block 1, by (a)           | E FEE and PUBLIC<br>ders and notification<br>) specifying a new c         | CATION FEE (if reconstruction of maintenance fees or espondence addresses | quired). Blocks I through 5 sl<br>will be mailed to the current<br>ss; and/or (b) indicating a sepa | correspondence address as trate "FEE ADDRESS" for        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| CURRENT CORRESPONDENCE                                                                                                                                       |                                                               | ck 1 for any change of address)                                                    |                                                                           | Note: A certificate of                                                    | of mailing can only be used for                                                                     | or domestic mailings of the                              |
| 22002 25                                                                                                                                                     | 01 01 00 01                                                   | 2005                                                                               |                                                                           | Fee(s) Transmittal. 7 papers. Each addition                               | This certificate cannot be used for all paper, such as an assignment                                | for any other accompanying                               |
| 23983 759                                                                                                                                                    |                                                               | 005                                                                                |                                                                           |                                                                           | ate of mailing or transmission.                                                                     |                                                          |
| MILLS LAW FIR                                                                                                                                                | M, PLLC                                                       |                                                                                    |                                                                           |                                                                           | certificate of Mailing or Trans<br>this Fee(s) Transmittal is being                                 |                                                          |
| P.O BOX 1245                                                                                                                                                 | 4.6                                                           |                                                                                    |                                                                           | States Postal Service                                                     | with sufficient postage for first ail Stop ISSUE FEE address                                        | st class mail in an envelope                             |
| Cary, NC 27512-12                                                                                                                                            | 45                                                            |                                                                                    |                                                                           | addressed to the M<br>transmitted to the US                               | ail Stop ISSUE FEE address SPTO (703) 746–4000, on the d                                            | above, or being facsimile late indicated below.          |
|                                                                                                                                                              |                                                               |                                                                                    |                                                                           |                                                                           |                                                                                                     | (Depositor's name)                                       |
|                                                                                                                                                              |                                                               |                                                                                    |                                                                           |                                                                           | -                                                                                                   | (Signature)                                              |
|                                                                                                                                                              |                                                               |                                                                                    |                                                                           |                                                                           |                                                                                                     | (Date)                                                   |
| APPLICATION NO.                                                                                                                                              | FILING DATE                                                   |                                                                                    | FIRST NAMED INVEN                                                         | ITOR                                                                      | ATTORNEY DOCKET NO.                                                                                 | CONFIRMATION NO.                                         |
| 10/711,301                                                                                                                                                   | 09/09/2004                                                    |                                                                                    | Tom Backman                                                               |                                                                           | 6255-04-04                                                                                          | 5300                                                     |
| APPLN. TYPE  nonprovisional                                                                                                                                  | SMALL ENTITY YES                                              | ISSUE FI                                                                           | j                                                                         | UBLICATION FEE                                                            | TOTAL FEE(S) DUE \$700                                                                              | DATE DUE<br>04/28/2005                                   |
| EXAM                                                                                                                                                         | NER                                                           | ART UN                                                                             | IT C                                                                      | LASS-SUBCLASS                                                             | $\neg$                                                                                              |                                                          |
| JONES, N                                                                                                                                                     |                                                               | 3744                                                                               |                                                                           | 062-271000                                                                |                                                                                                     |                                                          |
| ·                                                                                                                                                            |                                                               | · •                                                                                |                                                                           | · · · · · · · · · · · · · · · · · · ·                                     |                                                                                                     |                                                          |
| 1. Change of correspondence CFR 1.363).  Change of correspondence Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. | ence address (or Char<br>2) attached.<br>on (or "Fee Address" | nge of Correspondence Indication form                                              | (1) the names of or agents OR, alte (2) the name of a registered attorner | single firm (having a<br>y or agent) and the na<br>t attorneys or agents. | s a member a 2                                                                                      |                                                          |
| 3. ASSIGNEE NAME AND                                                                                                                                         | RESIDENCE DATA                                                | TO BE PRINTED ON T                                                                 | ·                                                                         | •                                                                         |                                                                                                     |                                                          |
|                                                                                                                                                              | an assignee is identi                                         | fied below, no assignee                                                            | data will appear on                                                       | the patent. If an assi                                                    | gnee is identified below, the d                                                                     | ocument has been filed for                               |
| (A) NAME OF ASSIGNE                                                                                                                                          | EE                                                            | (В                                                                                 | ) RESIDENCE: (CIT                                                         | TY and STATE OR C                                                         | OUNTRY)                                                                                             |                                                          |
| Please check the appropriate                                                                                                                                 | assignee category or                                          | categories (will not be pri                                                        | inted on the patent):                                                     | ☐ Individual ☐                                                            | Corporation or other private gro                                                                    | oup entity                                               |
| 4a. The following fee(s) are                                                                                                                                 | enclosed:                                                     | 4b                                                                                 | . Payment of Fee(s):                                                      |                                                                           |                                                                                                     |                                                          |
| Issue Fee                                                                                                                                                    |                                                               |                                                                                    | A check in the ar                                                         | mount of the fee(s) is                                                    | enclosed.                                                                                           |                                                          |
| Publication Fee (No sr                                                                                                                                       | nall entity discount po                                       | ermitted)                                                                          | Payment by cred                                                           | it card. Form PTO-20                                                      | 38 is attached.                                                                                     |                                                          |
| Advance Order - # of                                                                                                                                         | Copies                                                        |                                                                                    | The Director is Deposit Account Nu                                        | hereby authorized by                                                      | charge the required fee(s), or (enclose an extra c                                                  | credit any overpayment, to opy of this form).            |
| 5. Change in Entity Status                                                                                                                                   | from status indicated                                         | above)                                                                             |                                                                           |                                                                           |                                                                                                     |                                                          |
| a. Applicant claims SM                                                                                                                                       |                                                               | ·                                                                                  | ☐ b. Applicant is n                                                       | o longer claiming SM                                                      | ALL ENTITY status. See 37 C                                                                         | FR 1.27(g)(2).                                           |
| The Director of the USPTO in NOTE: The Issue Fee and Puinterest as shown by the reco                                                                         | s requested to apply to the state of the United States.       | he Issue Fee and Publicat<br>ired) will not be accepted<br>es Patent and Trademark | tion Fee (if any) or to<br>I from anyone other t<br>Office.               | re-apply any previou<br>han the applicant; a re                           | usly paid issue fee to the applicate egistered attorney or agent; or the                            | ation identified above.<br>he assignee or other party in |
| Authorized Signature                                                                                                                                         |                                                               |                                                                                    |                                                                           | Date                                                                      |                                                                                                     |                                                          |
| Typed or printed name                                                                                                                                        |                                                               |                                                                                    |                                                                           | Registration                                                              | on No                                                                                               |                                                          |
| This collection of information                                                                                                                               | n is required by 37 Cl                                        | FR 1.311. The information                                                          | n is required to obtai                                                    | n or retain a benefit b                                                   | v the public which is to file (and                                                                  | d by the USPTO to process)                               |
| an application. Confidentiali                                                                                                                                | y is governed by 35                                           | U.S.C. 122 and 37 CFR                                                              | 1.14. This collection                                                     | is estimated to take I                                                    | 2 minutes to complete, including                                                                    | ng gathering, preparing, and                             |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| 10/711,301                | (    | 09/09/2004 | Tom Backman          | 6255-04-04             | 5300             |
| 23983                     | 7590 | 01/28/2005 |                      | EXAM                   | INER             |
| MILLS LAW<br>P.O BOX 1245 | •    | LLC.       |                      | JONES, 1               | MELVIN           |
| Cary, NC 2751:            |      |            |                      | ART UNIT               | PAPER NUMBER     |
| •                         |      |            |                      | 3744                   |                  |
|                           |      |            |                      | DATE MAILED: 01/28/200 | 5                |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.